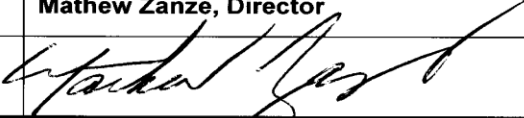



California's Child and Family Services Review System Improvement Plan

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| County: | Amador County |
| Responsible County Child Welfare Agency: | Amador County Department of Social Services |
| Period of Plan: | April 10, 2009 - April 10, 2010 |
| Period of Outcomes Data: | Quarter ending June 30, 2008 |
| Date Submitted: | April 30, 2009 |
| County Contact Person for County System Improvement Plan | |
| Name: | Barbara Hale |
| Title: | Deputy Director, Programs |
| Address: | 10877 Conductor Blvd., Sutter Creek, CA 95685 |
| Phone/Email | 209-223-6621 bhale@co.amador.ca.us |
| Submitted by each agency for the children under its care | |
| Submitted by: | County Child Welfare Agency Director (Lead Agency) |
| Name: | Mathew Zanze, Director |
| Signature: |  |
| Submitted by: | |
| Submitted by: | County Chief Probation Officer |
| Name: | Mark Bonini, Chief Probation Officer |
| Signature: |  |

California Child and Family Services Review

Amador County System Improvement Plan April, 2009 Update



California's Child and Family Services Review System Improvement Plan

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| Name: | Mathew Zanze, Director |
| Signature: | |
| | |
| Submitted by: | County Chief Probation Officer |
| Name: | Mark Bonini, Chief Probation Officer |
| Signature: | |

Local Planning Body SIP Team (Child Welfare Services Redesign)

| | |
|-------------------|---|
| Angel LeSage | Amador County Public Health |
| Jane Hoff | Amador County Behavioral Health |
| Tammy Watson | Amador County Office of Education |
| Lynn Shield | Operation Care |
| Joyce Stone | Amador Child Care Council |
| Nina Machado | First Five, Amador |
| Tara Parker | Amador-Tuolumne Community Action Agency |
| Sandra Billington | California Tribal TANF |
| Mathew Zanze | Amador County Department of Social Services |
| Mark Bonini | Amador County Probation Department |
| Anne Watts | Amador County Department of Social Services |
| Jackie Steele | Amador County Department of Social Services |

Findings that Support Qualitative Change

The Child Welfare Redesign Team met twice monthly to review Safe Measures reports and CWS Outcomes System Summary reports for Amador County.

Members of the team's agencies provide services to children and families in the community. The following is the self-assessment summary:

Amador County is located to the east of Sacramento and San Joaquin Counties, Amador County encompasses the foothill and mountain terrain of the western slopes of the Sierra Nevada Range. While days are normally clear, summer days of observable smog are trending upwards as afternoon winds blow valley pollutants up into the foothills. The county is bisected north /south by Highway 49; east/west by Highway 88. Highway 104 reaches from 88/116 into a southern area of the county. The population centers are located along these two-lane state highways. Additional population is scattered off county and private roads.

Public transportation is limited to the main, core communities, with additional pickups by request, up to 1/2 mile from the main route. A twice-daily service has been added to and from Sacramento. Service is available 5:40am to 7:15pm, depending on the route.

Amador County, with a population of 35,100 is a rural community consisting of 600 square miles with a population density of 59 persons per square mile. The total population number includes a population of approximately 4,000 adults and youths incarcerated at correctional institutions. There are six incorporated cities, Jackson, Lone, Plymouth, Sutter Creek and Amador City.

Most of the residents are a Caucasian ethnicity (85.8%); the remaining ethnicity includes a growing Hispanic population (8.9%), African Americans (3.9%), Asian (1 %) and Native Americans (1.8%). These figures include incarcerated individuals of which over 3,000 are ethnic minorities. Amador County's population has grown dramatically in the last twenty years, as older individuals with higher incomes move to the scenic foothills to retire. Median age in the county is 42.7

years in recent years, 600-800 individuals move into the area yearly at a growth rate of approximately 2% annually. The death rate surpasses the birth rate. The population age percentage is greater for ages sixty and older (23.8%) than it is for children under age ten (9.5%). The growing voice of senior citizens is focused on community issues specific to their age group rather than to the needs of families with children. It must be noted that many of those retired individuals are volunteers supporting the many non-profit agencies assisting the county.

The largest sources of employment in the county are state and county government (prison, county government offices, and schools), and an expanding casino/hotel. There is one forest product manufacturing plant. The median household income is \$42,000, with a per capita income of \$22,412. One community hospital, two large chain stores, three chain supermarkets, tourism and a growing number of wineries are key economic supports in the community. One health club has recently opened. A number of residents commute out of the county for employment that will pay self-sufficiency wages.

Controversy exists over additional proposals for two more casinos. Whether the infrastructure of the county can support these projects, even with mitigation, is the topic of much discussion.

Fair market rental rates in 2003 were \$673.18; such rentals are actually available due to rising property values. Subsidized housing has waiting lists of many months. Property managers willing to accept subsidized rates are dwindling. No new properties are identified in development as subsidized. Median resale price of housing has risen to \$247,000, a rise of almost 150% in the past 5 years. First time homebuyers, even with low interest rates, are hard pressed to find affordable housing for a family.

Health services. Sutter Amador Hospital centrally located in Jackson is the only hospital in the county. The not for profit institution supports two health clinics, located in Pioneer and Plymouth. It also supports a full time pediatric office located in Jackson, along with the newly opened (2003) Women's Health service, composed of a nurse midwife/FNP and obstetrician. These providers are now the major source of health care for those on Medi-Cal, along with the Jackson Rancheria Indian Clinic.

County specific demographic factors that impact abuse, neglect and reunification rates are: lack of jobs above minimum wage, poverty, substandard housing, lack of affordable housing and high rates of substance abuse and addiction and generational abuse and neglect. Most if not all CWS cases there is substance abuse, most prominent is methamphetamine use.

Amador being such a small county, the community is very aware of at risk families. These families are well known to the schools, law enforcement and agencies. Children at risk are "on the radar" and reports of abuse or neglect are

made to CPS. The community in Amador considers issues that may not be considered CPS issues in larger counties as CPS issues. Because of this, there is a heightened awareness of the children and families in our community.

We are now seeing parents with abuse and neglect issues when they were children. Generational abuse and neglect is an issue in the county and substance abuse is a significant problem.

System Strengths:

The size of the community allows for ease of communication

- Agencies work effectively together to resolve problems and differences, including increased collaboration with the Behavioral Health Department
- Agency personnel attend many meetings in common
- CPS works closely with the Amador County Unified School District, with staff serving on the Attendance Review Board and many Individualized Education Plan (IEP) meetings
- The County has low teen pregnancy rates
- Family Learning Center have forged new links to the small but growing Latino population and hold weekly parenting classes for 40 parents
- There is a bilingual family advocate available at the Family Learning Center and two community centers
- County has highly skilled translator on staff working with Public Health Nurses and CPS workers
- The CWS Redesign Team has identified gaps in services for children
- The CWS Redesign Team organized the first annual Resource Fair in Fall 2007 with participation from 25 different agencies and programs; attendees included agency and program staff, and school teachers and staff to familiarize everyone with services available for children and families in the County;
- CWS Redesign Team members participate on the Transportation Advisory Council to identify unmet need and devise ways to expand services to meet that need
- Amador Child Care Council in collaboration with other community partners is working on project to expand and create new child care facilities in the County
- First 5 Amador funds toddler playgroups to provide socialization opportunities for young children not enrolled in other early care and education programs
- First 5 Amador funds attorney vouchers for child custody and restraining order cases
- First 5 Amador funds child care for Foster Care Education trainings

- County has home visitation program with Public Health Nurses visiting high risk families
- County has successful perinatal program providing intervention for pregnant women
- Operation Care has 15-week “Making the Peace” violence prevention program for youth referred by the Probation Department
- The Domestic Violence Council is looking at healthy relationship progress
- Limited teen drug/alcohol and anger management service being provided by private provider based on income and ability to pay

Areas Needing Improvement

- Agencies need more time to work on system design and improvement; understaffing requires staff to work outside of office hours to avoid taking time away from direct client services
- Amador County has a high rate of teen drinking and driving
- There is a lack of drug and alcohol intervention and treatment programs for teens
- Reduced funding for prevention programs greatly impacts small counties

County SIP Team Composition

Local Planning Body SIP Team (Child Welfare Services Redesign)

| | |
|-------------------|---|
| Angel LeSage | Amador County Public Health |
| Jane Hoff | Amador County Behavioral Health |
| Tammy Watson | Amador County Office of Education |
| Lynn Shield | Operation Care |
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| Sandra Billington | California Tribal TANF |
| Mathew Zanze | Amador County Department of Social Services |
| Mark Bonini | Amador County Probation Department |
| Anne Watts | Amador County Department of Social Services |
| Jackie Steele | Amador County Department of Social Services |

CWSOIP funds (Social Services):

Increase the rate of reunification and improve services to families by use of Child Welfare Outcome Improvement Project (CWSOIP) Funds. Funds will be used for drug/alcohol treatment programs that Amador County Behavioral Health does not have funding to provide, such as adolescent treatment programs and residential treatment programs. For the current FY 8/09, we continue to use CWSOIP

funds to pay for treatment for those parents who do not qualify for Medi-Cal and whose insurance does not provide coverage for substance abuse and alcohol treatment. We assess, on an on-going basis, the effectiveness of our efforts on improved reunification rates and improved service to families. Preliminary indication, based on improved performance percentages, is that our plan is experiencing moderate success.

CWSOIP funds (Probation):

Maintain group home visits compliance and improve compliance with case plan goals by use of Child Welfare Outcome Improvement Project (CWSOIP) funds Probation Department over spends State group home visit's allocation. Use of Child Welfare Outcome Improvement Project (CWSOIP) funds will offset increasing costs to maintain compliance with visits with minors placed in group homes and improve compliance with case plan goals. Improve rate of reunification by using the funds for mental health and substance abuse treatment for children and families. The Probation Department has used all available CWSOIP funds available in FY 08/09 toward our improvement goals.

Amador County Child Welfare Services/Probation 2008 System Improvement Plan

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|--|--|--|---|--|--|
| Outcome/Systemic Factor: Reunification Within 12 months (Exit Cohort) | | | | | |
| County's Current Performance: Performance for Q2 2008 was 88.9%, 13.7% higher than the national goal of 75.2%. Our previous performance in Q2 2007 was 61.5%. Our most recent percentage is a substantial improvement over the previous period. The policy for recommending the return of children is that parents are required to complete their case plans and demonstrate the knowledge and ability to safely parent their children prior to return. One likely contributing factor regarding the length of time to reunify is methamphetamine use in the community. | | | | | |
| Improvement Goal 1.0 Increase reunification within 12 months to 75.2%. We have met and surpassed this goal for the current period. | | | | | |
| Strategy 1. 1 Improve services to substance abusing parents. Update: We have completed the milestones related to this strategy but continue to assess our practices in order to identify any further means of improving services to parents who have a history of substance abuse. CWSOIP funds have been used to pay for substance abuse treatment for parents who previously would not have received treatment. Coordination of services has been accomplished through ongoing collaboration with the agencies involved in our MDT, affording the opportunity to modify case plans as needed to address substance abuse treatment. | | | Strategy Rationale¹ Lack of local drug treatment programs that are specifically indicated for methamphetamine addiction continues to be a significant resource barrier to reunification of children. | | |
| M i l e s t o n e | 1.1.1 Identify and assess local treatment programs, public and private. Assistance will be provided by Amador County Behavioral Health Substance Abuse Program. We review client needs, present the information to Amador County Behavioral Health Substance Abuse Program during MDT meetings, and decide which of the available programs will provide the greatest opportunity for success for that particular client. | T i m e f r a m e | September 1, 2008 Completed and ongoing. | A s s i g n e d t o | Amador County Social Services Deputy Director of Programs Amador County Behavioral Health Substance Abuse Program Manager |
| | 1.1.2 Establish Child Welfare Service/Behavioral Health Substance Abuse Assessment Team. Establishment of the team will enhance collaboration and provide better communication between agencies providing services to substance abusing parents. | | January 1, 2009 Completed. After meeting weekly for 4 months, all involved agreed to combine this team with our now successful MDT. | | Amador County Social Services Deputy Director of Programs Amador County Behavioral Health Substance Abuse Program Manager Amador County Social Services Director Amador County Behavioral Health Director |

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Amador County Child Welfare Services/Probation 2008 System Improvement Plan

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|--|---|--|---|---|---|
| | 1.1.3 Assess effectiveness of Child Welfare Service/Behavioral Health Substance Abuse Assessment Team as to rates of reunification by monitoring all cases where substance abuse is identified and if necessary modifying case plan to address treatment needs. | | Completed and transferred responsibility to MDT in December, 2008. | | CWS Staff Amador County Social Services Deputy Director of Programs Amador County Behavioral Health Substance Abuse Program Manager Amador County Social Services Director |
| Strategy 1. 2 Improve services to family by use of Child Welfare Outcome Improvement Project (CWSOIP) Funds will be used for drug/alcohol treatment programs that Amador County Behavioral Health does not have funding to provide such as adolescent treatment programs and residential treatment programs. Update: CWSOIP funds are being used to pay for drug and alcohol treatment for families that have no access to free treatment programs and lack financial resources to pay for treatment. We believe our improved performance is indicative of success with this strategy and, therefore, we will continue our efforts to improve services in this manner. | | | Strategy Rationale ¹ Accessing more services to families that address issues of substance abuse, parenting and specialize therapy for families and children. There is lack of adequate state funding provided to local substance abuse programs. | | |
| M i l l e s t o n e | 1.2.1. Gathering information regarding the number of clients that are not eligible for no-cost substance abuse treatment programs. | T i m e f r a m e | July, 2008 Completed | A s s i g n e d t o | Social Services Deputy Director of Programs |
| | 1.2.2 Provide payment to substance abuse treatment providers with CWSOIP that has to date been paid by CWS allocations. Savings from CWS allocation will prevent further reduction in CWS staff. We have experienced no further reduction in CWS staff. | | August, 2008 Completed and ongoing | | Social Services Deputy Director of Programs Social Services Director |
| | 1.2.3 Evaluation of effectiveness of services in improved rate of reunification. Our previous performance in Q2 2007 was 61.5%. Our most recent percentage is 88.9%, a substantial improvement over the previous period and 13.7% higher than the national goal. Preliminary indication is that our plan to provide substance abuse and alcohol treatment with CWSOIP funds is successful, but we will continue to monitor the outcomes. | | September, 2008 On-going | | CWS staff Amador County Social Services Deputy Director of Programs Amador County Behavioral Health Substance Abuse Program Manager Amador County Social Services Director Amador County Behavioral Health Director |

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Amador County Child Welfare Services/Probation 2008 System Improvement Plan

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|---|--|--|--|--|---|
| Improvement Goal 2.0 Improve review of families' progress in complying with reunification plan. | | | | | |
| Strategy 2.1 Use of county's Multi-disciplinary team (MDT) that has been under utilized. Update: Amador County's Multi-Disciplinary Team has undergone significant changes. Regular attendance has increased from approximately 6 participants to approximately 12 participants each week, including front-line social workers, therapists, and drug and alcohol counselors. This growth and greater utilization is in large part du to combining this meeting with the weekly meetings held between CPS, Juvenile Probation, and Behavioral Health. This collaboration has improved communication between agencies and, subsequently, improved the quality and scope of services being provided. Input from the other agencies has helped to identify barriers to compliance with the case plans. Problem solving between the agencies has improved family compliance early on in the reunification process. | | | Strategy Rationale¹ Use a multidisciplinary approach to needed services for families to enhance services and success in the reunification services process. | | |
| M i l e s t o n e | 2.1.1 Present to MDT team all reunification services cases for review. All CPS family reunification cases are presented to the Multi-Disciplinary Team on an on-going basis. | T i m e f r a m e | September, 2008. Completed and on-going | A s s i g n e d t o | Child Welfare Services Supervisor. |
| | 2.1.2 Develop a review protocol that will include addressing barriers to reunification, services available in the community and involvements of clients in the review process. A protocol for case reviews has been developed which addresses case plan requirements, services being utilized and progress being made in those services, barriers t service participation, and recommendations from the team. | | October, 2008 Completed | | Child Welfare Services Supervisor Amador County Social Services Deputy Director of Programs Amador County Multi-disciplinary team Chairperson. |
| | 2.1.3 Implementation of reviews protocol. The protocol for review of all family reunification cases is being followed by the Multi-Disciplinary Team. | | January, 2009 and on-going. Completed January 2009 and on-going. | | Amador County Multi-disciplinary team. |
| Describe systemic changes needed to further support the improvement goal. Collaboration among agencies in the county is very good, there should not be any issues regarding systemic changes. It is anticipated that there will be substantial funding losses to the department and other community agencies providing services to children and families. | | | | | |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals. None | | | | | |
| Identify roles of the other partners in achieving the improvement goals. Support and collaboration of all CWS staff, management and MDT members. | | | | | |
| Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. | | | | | |

Amador County Child Welfare Services/Probation 2008 System Improvement Plan

None

Describe how the strategies will build on progress and improve this outcome or systemic factor

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|--|--------------|---|-------------------|--|
| Outcome/Systemic Factor: Reunification Within 12 months (Entry Cohort) | | | | |
| County's Current Performance: Performance for Q2 2008 was 27.3%. The national goal is 48.4%. The policy for recommending the return of children is that parents are required to complete their case plans and demonstrate the knowledge and ability to safely parent their children prior to return. One likely contributing factor regarding the length of time to reunify is methamphetamine use in the community. While still not meeting the national standard, we have shown improvement over our 0% performance from the prior report period of Q2 2007. | | | | |
| Improvement Goal 1.0 Increase reunification above 48.4%. | | | | |
| Strategy 1. 1 Improve services to substance abusing parents. Update: We have completed the milestones related to this strategy but continue to assess our practices in order to identify any further means of improving services to parents who have a history of substance abuse. CWSOIP funds are used to pay for substance abuse treatment for parents who previously would not have received treatment. Coordination of services has been accomplished through ongoing collaboration with the agencies involved in our MDT, affording the opportunity to modify case plans as needed to address substance abuse treatment. | | Strategy Rationale² Lack of local drug treatment programs that are specifically indicated for methamphetamine continues to be a significant resource barrier to reunification of children. | | |
| M | 1.1.1 | T | September 1, 2008 | Completed and A Amador County Social Services |

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Amador County Child Welfare Services/Probation 2008 System Improvement Plan

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|---|--|--------------------------------------|--|---|---|
| i l e s t o n e | Identify and assess local treatment programs, public and private. Assistance will be provided by Amador County Behavioral Health Substance Abuse Program. We review client needs, present the information to Amador County Behavioral Health Substance Abuse Program during MDT meetings, and decide which of the available programs will provide the greatest opportunity for success for that particular client. | i m e f r a m e | on-going. | s s i g n e d t o | Deputy Director of Programs Amador County Behavioral Health Substance Abuse Program Manager |
| | 1.1.2 Establish Child Welfare Service/Behavioral Health Substance Abuse Assessment Team. Establishment of the team will enhance collaboration and provide better communication between agencies providing services to substance abusing parents. | | January 1, 2009 Completed. After a number of meetings, all involved agreed to combine this team with our now successful MDT. | | Amador County Social Services Deputy Director of Programs Amador County Behavioral Health Substance Abuse Program Manager Amador County Social Services Director Amador County Behavioral Health Director |
| | 1.1.3 Assess effectiveness of Child Welfare Service/Behavioral Health Substance Abuse Assessment Team as to rates of reunification by monitoring all cases where substance abuse is identified and if necessary modifying case plan to address treatment needs. | | Completed and transferred responsibility to MDT in December, 2008. | | CWS staff Amador County Social Services Deputy Director of Programs Amador County Behavioral Health Substance Abuse Program Manager Amador County Social Services Director Amador County Behavioral Health Director |
| Strategy 1. 2 Improve services to family by use of Child Welfare Outcome Improvement Project (CWSOIP) Funds will be used for drug/alcohol treatment programs that Amador County Behavioral Health does not have funding to provide, such as adolescent treatment programs and residential treatment programs. Update: CWSOIP funds are being used to pay for drug and alcohol treatment for families that have no access to free treatment programs and lack financial resources to pay for treatment. Our improved performance, while still significantly below the national goal, is indicative of some success with this strategy and, therefore, we will continue our efforts to improve services in this manner. | | | Strategy Rationale ¹ Accessing more services to families that address issues of substance abuse, parenting and specialize therapy for families and children. There is lack of adequate state funding provided to local substance abuse programs. | | |

Amador County Child Welfare Services/Probation 2008 System Improvement Plan

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|--|--|--|---|---|---|
| M i l e s t o n e | 1.2.1. Gathering information regarding the number of clients that are not eligible for no-cost substance abuse treatment programs. | T i m e f r a m e | July, 2008 Completed and on-going. | A s s i g n e d t o | Amador County Social Services Deputy Director of Programs |
| | 1.2.2 Provide payment to substance abuse treatment providers with CWSOIP that has to date been paid by CWS allocations. Savings from CWS allocation will prevent further reduction in CWS staff. We have experienced no further reduction in CWS staff. | | August, 2008 Completed and on-going. | | Amador County Social Services Deputy Director of Programs Amador County Social Services Director |
| | 1.2.3 Evaluation of effectiveness of services in improved rate of reunification. | | September, 2008 On-going | | CWS staff Amador County Social Services Deputy Director of Programs Amador County Behavioral Health Substance Abuse Program Manager Amador County Social Services Director Amador County Behavioral Health Director |

Amador County Child Welfare Services/Probation 2008 System Improvement Plan

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| Improvement Goal 2.0 Improve review of family's progress in complying with reunification plan. | | | | | |
| Strategy 2.1 Use of county's Multi-disciplinary team (MDT) that has been under utilized. Update: Amador County's Multi-Disciplinary Team has undergone significant changes. Regular attendance has increased from proximately 6 participants to approximately 12 participants each week, including front-line social workers, therapists, and drug and alcohol counselors. This growth and greater utilization is in large part due to combining this meeting with the weekly meetings held between CPS, Juvenile Probation, and Behavioral Health. This collaboration has improved communication between agencies and, subsequently, improved the quality and scope of the services being provided. Input from the other agencies has helped to identify barriers to compliance with the case plans. Problem solving between the agencies has improved family compliance early on in the reunification process. | | | Strategy Rationale ¹ Use a multidisciplinary approach to needed services for families to enhance services and success in the reunification service process. | | |
| M i l e s t o n e | 2.1.1 Present to MDT team all reunification services cases for review. All CPS family reunification cases are presented to the Multi-Disciplinary Team on an on-going basis. | T i m e f r a m e | September, 2008. Completed and on-going. | A s s i g n e d t o | Child Welfare Services Supervisor. |
| | 2.1.2 Develop a review protocol that will include addressing barriers to reunification, services available in the community and involvements of clients in the review process. A protocol for case reviews has been developed which addresses case plan requirements, services being utilized, and progress being made in those services, barriers to service participation, and recommendations from the team. | | October, 2008 Completed | | Child Welfare Services Supervisor Social Services Deputy Director of Programs Amador County Multi-disciplinary team Chairperson. |
| | 2.1.3 Implementation of reviews protocol. The protocol for review al all family reunification cases is being followed by the Multi-Disciplinary Team. | | January, 2009 and on-going. Completed January, 2009, and on-going. | | Amador County Multi-disciplinary team. |
| Describe systemic changes needed to further support the improvement goal. Collaboration among agencies in the county is good, there should not be any issues regarding systemic changes. It is anticipated that there will be substantial funding losses to the department and other community agencies providing services to children and families. | | | | | |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals. None | | | | | |
| Identify roles of the other partners in achieving the improvement goals. Support and collaboration of all CWS staff, management and MDT members. | | | | | |
| Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None | | | | | |

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|--|---|----------|---|----------|---|
| Outcome/Systemic Factor: Placement Stability (At Least 24 Months In Care) | | | | | |
| County's Current Performance: Q2 2008 county's performance of is 66.7%, the national goal is 41.8%. While December, 2008, showed a decrease to 62.5%, we are still well above the national goal, our own goal, and proud of our improvement over Q2 2007 when our performance was 25%. | | | | | |
| Improvement Goal 1.0 Improve placement stability to at least 41.8%. During the reporting period ten children were in care over twenty-four months. Six children were in three or more placements and two were in more than two placements. The eight children with two or more placements were adolescents exhibiting severe delinquent behavior. | | | | | |
| Strategy 1. 1 Provide early mental health and substance abuse services immediately upon detention. Obtain court orders at all juvenile dependency detention hearings for mental health and substance abuse assessments. Update: The Department includes in the proposed court orders for detention hearings that assessments for therapy and substance abuse treatment be ordered by the court for all minors and parents as determined necessary by the social worker based on the reasons for intervention. This order is then provided to Amador County Behavioral Health to expedite the scheduling of intake/assessment appointments. | | | Strategy Rationale³ Children coming into the Child Welfare System have anger management issues, substance abuse problems and need of mental health services. | | |
| M | 1.1.1 | T | September, 2008. Completed | A | Child Welfare Services Supervisor and Social Services Deputy Director of Programs |
| i | Set a meeting with the Presiding Juvenile Court Judge, County Counsel, Minor's Attorney and | i | | s | |
| I | | m | | s | |

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

Amador County Child Welfare Services/Probation 2008 System Improvement Plan

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| e s t o n e | Parents Attorney. The need for minor's to receive therapy will be discussed and for the need to obtain court order's at detention hearing's in order for minor's to receive therapeutic intervention immediately upon entering the child welfare system. | e f r a m e | | i g n e d t o | |
| | 1.1.2 Follow-up with Court Officers regarding the effectiveness of immediate therapeutic intervention relating placement stability. Our Juvenile Court Judge has consistently agreed to order mental health and substance abuse treatment at the time of detention and sees how this is valuable as it relates to placement stability. | | October, 2008 On-going | | Child Welfare Services Supervisor and Social Services Deputy Director of Programs |
| | 1.1.3 Assess effectiveness of early intervention on placement stability. During 2008, Amador County has improved placement stability above the 41.8% national goal. In December, 2008, Amador County achieved 62.5%. | | November, 2008 On-going | | Child Welfare Services Supervisor and Social Services Deputy Director of Programs. |
| Strategy 1. 2 Placement workers refining assessments of licensed foster homes and certified foster family homes for appropriateness of placement in home. Update: The social workers have increased their knowledge of the foster homes in our community and are able to make better child-foster family matches, using CAT to assess the family's preferences and skills and the child's needs. This increases the likelihood of placement stability. | | | Strategy Rationale ¹ Placement workers need to have knowledge and understanding of the skill level of foster parents that are taking placements. | | |
| M i l e s t o n e | 1.2.1. Request all licensed foster home and all certified foster family their home studies. Information from the home studies will provide the placement worker information as to the background, experience, skills and knowledge of prospective substitute care provider's. The Department receives copies of the home studies of all licensed foster homes and all certified foster family agency homes located in Amador County as well as for those foster homes located outside of Amador County as they are utilized. | T i m e f r a m e | September, 2008 Completed and on-going. | A s s i g n e d t o | Child Welfare Services Supervisor |
| | 1.2.2 Distribute home studies to all CWS staff. | | October, 2008 Completed and on-going | | Child Welfare Services Supervisor |

Amador County Child Welfare Services/Probation 2008 System Improvement Plan

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| | Information from the home studies will provide the placement worker information as to the background, experience, skills and knowledge of prospective substitute care provider's. The home studies are being kept in a binder made available to all social workers. | | | | |
| | 1.2.3 Monitor through Safe Measures placement activity and use of CAT placement assessment. The Social Worker Supervisor views Safe Measures to monitor placement activity. Also, a policy has been put into place that the placement Comprehensive Assessment Tool (CAT) will be utilized by the social workers for all planned placement changes and when a higher or lower level of care is being considered. The supervisor has been working with the social workers on understanding the value of this tool to assess children's well-being, safety, and permanence. At this time, they require reminders from the supervisor while they learn to incorporate the use of this tool into their regular practice. | | Ongoing Completed and on-going. | | Child Welfare Services Supervisor |
| Strategy 1. 3 Have children upon placement assessed at Behavior Health for treatment. Update: All children in out-of-home placement who are at least five years old (and sometimes younger) are being assessed by Behavioral Health shortly after detention. | | | Strategy Rationale ¹ Early assessment and intervention will identify treatment needs and strategies in maintaining stable placements. | | |
| M i l e s t o n e | 1.3.1 Develop a referral protocol with Behavioral Health (Mental Health and Substance Abuse Programs) A referral form has been created through collaboration between Child Protective Services and the Behavioral Health Department. The social workers complete this form with supervisor approval and then submit the referral to Behavioral Health. A signed release of information is attached to the referral form by the social worker. The form also includes a disposition section to be completed by the therapists and substance abuse counselors. This section is then returned to the social workers. | T i m e f r a m e | October, 2008 Completed | A s s i g n e d t o | Social Services Deputy Director of Programs Social Services Director Behavioral Health Director |
| | 1.3.2 Implement protocol The referral protocol has been implemented by the social workers and the Behavioral Health Department staff in a consistent basis. | | November, 2008 Completed and on-going. | | Social Services Deputy Director of Programs Social Services Director Behavioral Health Director |
| | 1.3.3 | | On-going | | Child Welfare Services Supervisor |

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| | <p>Monitor effectiveness of Behavioral Health Services by monitoring placement activities with Safe Measures and meet and confer with Foster Family Agencies social workers.</p> <p>The CPS Supervisor has met with FFA social workers to discuss access to Behavioral Health Services. They reported back significant improvement in terms of prompt intake appointments for the children in placement. They reported no problems in obtaining appointments at the Amador County Behavioral Health Department.</p> | | | | |
| Notes: | | | | | |
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| Describe systemic changes needed to further support the improvement goal. Improvement in communication with placement providers and placement workers. | | | | | |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals. None | | | | | |
| Identify roles of the other partners in achieving the improvement goals. Foster family agency social workers staffing with placement workers prospective foster homes. | | | | | |
| Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None | | | | | |

Describe how the strategies will build on progress and improve this outcome or systemic factor

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|---|---------------------------------------|
| Outcome/Systemic Factor: Timely Response (10-Day Response Compliance) | |
| County's Current Performance: Q2 2008 County response 91.1%, national standard is 90%. In Q2 2007, our performance stood at 87.8%. We have not only improved, but have met and surpassed our goal on this factor. | |
| Improvement Goal 1.0 Increase compliance from 87.8% to 90%. | |
| Strategy 1. 1 | Strategy Rationale⁴ |

⁴ Describe how the strategies will build on progress and improve this outcome or systemic factor

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| Using Safe Measures data for investigation compliance to analyze trends and performance. Update: The supervisor now recognizes that there tends to be a drop in compliance following multiple new detentions. This is a downside to our staff carrying vertical caseloads as well as a consequence of the loss of a social worker position. Trends like this can be seen on Safe Measures, and it appears the social workers require greater support during these times of increased workload. The supervisor may need to look more carefully at redistribution of work when there is a new detention. | | | Safe Measures is a CWS/CMS application that allows supervisor and manager to monitor social worker's performance on specific process and outcome indicators. Use of Safe Measures to supervise staff supports worker accountability and overall department performance. | | |
| M i l e s t o n e | 1.1.1 Establish policy that social worker supervisor will use Safe Measures daily to monitor social worker compliance. The Social Worker Supervisor views Safe Measure several times a week to monitor social worker compliance. | T i m e f r a m e | July. 2008 Completed | A s s i g n e d t o | Program Manager |
| | 1.1.2 Implementation of policy that Social worker supervisor will use Safe Measures daily to monitor compliance. The policy now implemented is that social workers will view Safe Measures at least once a week to monitor their own caseloads. The SIP states that social workers will use Safe Measures daily. Because this program is not updated daily, daily monitoring does not appear necessary. | | July 15, 2008 Completed and on-going. | | Social Worker Supervisor |
| | 1.1.3 Evaluate effectiveness of Safe Measures Monitoring. The social worker supervisor is able to see on Safe Measures which social workers are on the system regularly. It does not appear that the social workers are utilizing Safe Measures to monitor timely investigation of referrals. Despite this, there is clearly improvement in this area that may be a result of the supervisor's monitoring and subsequent case staffings. From June 2008 through December 2008, Amador County's compliance rate has remained above 90% except for the month of October which was at 87.5%. For five of these months, 100% compliance was achieved. | | September, 2008 On-going | | Social Worker Supervisor and Social Services Deputy Director of Programs |
| Strategy 1. 2 Retrain staff regarding accurate and timely data entry in the CWS/CMS application. Update: Training of staff is on-going. As errors are identified, the supervisor retrain the social worker. Fewer errors in data entry are being detected. | | | Strategy Rationale ¹ Safe Measures analysis indicates that staff is not accurately documenting contacts in the CWS/CMS application. | | |
| M | 1.2.1. | T | August, 2008 Completed and on-going | A | Social Worker Supervisor |

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| i l e s t o n e | Provide refresher training in the CWS/CMS application for client notebook contacts in the application. The social worker supervisor has provided on-going training regarding proper entry of contacts into CWS/CMS | i m e f r a m e | | s s i g n e d t o | |
| | 1.2.2 Train staff in data entry. The social worker supervisor has provided on-going training regarding proper entry of contacts into CWS/CMS | | September, 2008 Completed and on-going. | | Social Worker Supervisor |
| | 1.2.3 Evaluate effectiveness of training regarding data entry. It appears that this on-going training has been effective. The supervisor reviews Safe Measures toward the end of each month and looks a specific cases in which a child has not been visited that month. The social worker is instructed to correct any located areas. It seems that there has been a decrease in the number of errors made. | | October, 2008 On-going | | Social Worker Supervisor |
| Strategy 1. 3 Develop E.R. response system for geographic areas of the county, explore postal zip code areas or school area boundaries. Update: As a result of the County's Early Retirement Incentive program, followed by complete reorganization of the Department of Social Services, pursuit of this strategy has been postponed. | | | Strategy Rationale ¹ In April 2008 a social worker resigned and due to a county hiring freeze the position will not be filled which results in a 15% staff reduction. Development of a geographic response system may allow the department to do more with less. | | |
| M i l e s t o n e | 1.3.1 Request the California Department of Social Services to provide technical assistance. | T i m e f r a m e | November, 2008 | A s s i g n e d t o | Social Services Deputy Director of Programs and California Department of Social Services for TA assistance. |
| | 1.3.2 Meet with CDSS. Receive TA from CDSS | | December, 2008 | | Social Services Deputy Director of Programs, Social Services Director and California Department of Social Services |
| | 1.3.3 Implement and evaluated E.R. response for geographical areas. | | January, 2009 and ongoing. | | Social Services Deputy Director, and Social Services Director |
| Notes: The department has struggled for years to maintain adequate staffing for Child Welfare Services. Current budget problems will make it difficult if not impossible to maintain compliance in many safety and permanency outcomes. | | | | | |

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| Describe systemic changes needed to further support the improvement goal. |
| Implement policy to record initial face to face contacts by social workers within two days of contact to insure Safe Measures in accurate in order for accurate monitoring by the social worker supervisors. |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals. |
| Retraining of social worker in the client contact notebook and assistance from the California Department of Social Services. |
| Identify roles of the other partners in achieving the improvement goals. |
| No applicable. |
| Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. |
| None. |

Describe how the strategies will build on progress and improve this outcome or systemic factor

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| Outcome/Systemic Factor: Timely Social Worker Visits | | | | | | |
| County's Current Performance: Q2 2008 county's performance was 97.4% in month 1, 95.1% in month 2, and 95% in month 3. We achieved 100% performance on this factor for 4 months of 2008. We have improved significantly over our Q2 2007 performance of 81%, and have surpassed our improvement goal of 90%. | | | | | | |
| Improvement Goal 1.0 Increase social worker contacts from 81% to 90%. | | | | | | |
| Strategy 1. 1 Using Safe Measures data for face to face compliance to analyze trends and performance. Update: The social worker supervisor's regular use of Safe Measures and the social workers' knowledge of this monitoring have played a significant part in improvement in this area. The supervisor has seen through the use of Safe Measures that those social workers who strive to visit their children early in the month and who see multiple children in a geographical area during one day have the greatest compliance. Other workers are being encouraged to utilize these same techniques. | | | Strategy Rationale⁵ Safe Measures is a CWS/CMS application that allows supervisor and manager to monitor social worker's performance on specific process and outcome indicators. Use of Safe Measures to supervise staff supports worker accountability and overall department performance | | | |
| M i l e s | 1.1.1 Establish Policy that social worker supervisor will use Safe Measures daily to monitor social worker compliance. | T i m e f | July. 2008 | Completed | A s s i g | Program Manager |
| | 1.1.2 | | July 15, 2008 | Completed and on-going | | Social Worker Supervisor |

⁵ Describe how the strategies will build on progress and improve this outcome or systemic factor

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| t o n e | Implement policy Social worker supervisor will use Safe Measures daily to monitor compliance. The Social Worker Supervisor utilizes Safe Measures several times a week to monitor compliance. | r a m e | | n e d t o | |
| | 1.1.3 Evaluate effectiveness of Safe Measures Monitoring. The improvement goal is to increase social worker face-to-face contacts with children from 81% to 90%. For all of 2008, Amador County has maintained performance above 90%, including four months for which 100% compliance was achieved. | | September, 2008 and ongoing. | | Social Worker Supervisor and Social Services Deputy Director of Programs |
| Strategy 1. 2 Emphasize to staff the expectation of timely visits with children. Update: The social worker supervisor sends monthly e-mail reminders to the social workers emphasizing the importance of timely visits with children to ensure their safety, well-being, and permanence. This importance is also emphasized at our monthly staff meetings. | | | Strategy Rationale ¹ Close monitoring of child visits by the social worker supervisor. | | |
| M i l e s t o n e | 1.2.1. It is expected that current written policy that social worker’s will make timely visits with children. | T i m e f r a m e | July, 2008 and ongoing. | A s s i g n e d t o | Program Manager |
| | 1.2.2 Supervisor will meet with staff to assist social worker’s strategies to comply with timely visits. Those strategies can include review of social worker’s monthly visits prior to social worker attending train, vacation time and scheduling multiple child visits in one geographical location. The supervisor meets with the staff regularly in one on-on-one case staffings an in staff meetings at which time monthly contacts are reviewed. Strategies including seeing children early in the month and arranging to see multiple children on one day who are in the same geographical area have been discussed. Compliance with the standard is taken into consideration when the supervisor decides to approve attendance at training and requests for vacation time. | | July, 2008 and monthly. Completed and on-going | | Social Worker Supervisor |
| | 1.2.3 Monitor compliance using Safe Measures. The Social Worker Supervisor utilizes Safe Measures several times a week to monitor compliance. | | Daily. On-going | | Social Worker Supervisor |

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| Notes: The department has struggled for years to maintain adequate staffing for Child Welfare Services. Current budget problems will make it difficult if not impossible to maintain compliance in many safety and permanency outcomes. |
| Describe systemic changes needed to further support the improvement goal. None |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals None |
| Identify roles of the other partners in achieving the improvement goals. No outside partners are needed. |
| Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None |

Describe how the strategies will build on progress and improve this outcome or systemic factor

Probation Department

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| Outcome/Systemic Factor For the Probation Department: Group Home Visits | |
| County's Current Performance: There is no current performance data tracking. | |
| Improvement Goal 1.0 Probation Department will continue to maintain compliance with requirements of monthly group home visits and increase case management foster care to improve compliance with case plan goals. Update: Probation has captured all funding during the 1 st quarter of FY 08/09. | |
| Strategy 1. 1 Maintain group home visits compliance and improve compliance with | Strategy Rationale⁶ Probation Department over spends State group home visit's allocation. |

⁶ Describe how the strategies will build on progress and improve this outcome or systemic factor

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| case plan goals by use of Child Welfare Outcome Improvement Project (CWSOIP) funds Update: Funds were used to cover fuel, vehicle costs, and meals for both officer and minor. The County is limiting travel and these dollars made up the gap left by budget cuts. Compliance was maintained in that we may not have had funding to do visits without CWSOIP funds. Compliance is measured by completed visits. This is/will continue to be our policy. | | | Use of Child Welfare Outcome Improvement Project (CWSOIP) funds will offset increasing costs to maintain compliance with visits with minors placed in <u>group</u> homes and improve compliance with case plan goals. | | |
| M i s s i o n e | 1.1.1 Determine feasibility of use of Child Welfare Outcome Improvement Project (CWSOIP) funds to maintain current funding for a probation officer that may be eliminated due to county budget reductions to maintain compliance requirements of monthly group home contacts with minors and promote safety, permanence and well-being. | T i m e f r a m e | July, 2008 – Completed, all funding captured for FY 08/09. | A s s i g n e d t o | Chief Probation Officer, Probation Finance and Administration Supervisor and Health and Human Services Fiscal Director |
| | 1.1.2 Implement claiming of Child Welfare Outcome Improvement Project (CWSOIP) funds to maintain current staffing level for juvenile probation placement officer. | | July 15, 2008 – Completed, all claiming/funding captured for FY 08/09. | | Chief Probation Officer and Probation Finance and Administration Supervisor |
| | 1.1.3 Evaluate effectiveness of increase of funding regarding group home visits compliance. | | January, 2009 and ongoing | | Chief Probation Officer and Probation Finance and Administration Supervisor |
| Describe systemic changes needed to further support the improvement goal. None | | | | | |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals. Technical assistance for Health and Human Services regarding claiming. | | | | | |
| Identify roles of the other partners in achieving the improvement goals. Health and Human Services Fiscal Director and Probation Finance and Administration Supervisor will meet to maximize funding for the Probation Department. | | | | | |
| Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None | | | | | |

Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor For the Probation Department:

Improve family reunification services.

County's Current Performance:

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| There is no current performance data tracking. | | | | | |
| Improvement Goal 2.0 Increase the rate of reunification. Update: This continues to be our goal. | | | | | |
| Strategy 2.1 Improve access to mental health and substance abuse treatment by use of Child Welfare Outcome Improvement Project (CWSOIP) funds. Update: This will continue to be a strategy for the department. Transportation was provided to minors for mental health and substance abuse counseling. Additionally, funds are used to pay directly to providers in the event minors are not covered by Medi-Cal, Health Families or private insurance. We measure this in that if we do not cover costs, will minors still get the counseling services they require. | | | Strategy Rationale⁷ Lack of mental health services and drug treatment continues to be a significant resource barrier to reunification of children. Update: The Probation Department is paying for services to youth and will continue to do so in the event a youth is not covered for these services. | | |
| M i l e s t o n e | 2.1 Gather information regarding the number of clients that are not eligible for no-cost mental health/substance abuse treatment programs. | T i m e f r a m e | September 1, 2008 – Completed. A list has been provided to Behavioral Health Services and discussions are on-going regarding this list. | A s s i g n e d t o | Amador County Behavioral Health Director, Chief Probation Officer and Probation Finance and Administration Supervisor |
| | 2.1.2 Provide payment to mental health/substance abuse treatment providers. | | August, 2008 and ongoing – The Probation Department is providing payment for services. | | Chief Probation Officer and Deputy Chief Probation Officer |
| | 2.1.3 Evaluation of effectiveness of services provided. | | September, 2008 and on-going | | Chief Probation Officer and Deputy Chief Probation Officer |
| Describe systemic changes needed to further support the improvement goal. None | | | | | |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals. Technical assistance for Health and Human Services regarding claiming. | | | | | |
| Identify roles of the other partners in achieving the improvement goals. Health and Human Services Fiscal Director and Probation Finance and Administration Supervisor will meet to maximize funding for the Probation Department. | | | | | |
| Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None | | | | | |

⁷ Describes how the strategies will build on progress and improve this outcome or systemic factor